



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

New day dawning for DHHS website

A message from Secretary Benton

In June, DHHS will unveil a redesign of the departmental website. Members of eight content teams, appointed by division directors from across the department, contributed to the organization of the new site. It has truly been a collaborative effort. I commend all who have been involved.

This marks a new day for our department, demonstrating that all parts of DHHS are committed to working together to effectively communicate on the web. The web is a powerful tool and will only become more so in the coming



DHHS Secretary Benton

years. We can no longer afford to keep generating web content in the silos of our divisions and offices, without considering how similar information-or information geared for similar audiences-is treated in another division or office.

Each of our division and office websites is many years old, some as old as a decade. If each were redesigned on its own, a conservative cost estimate would be \$20,000 per site. Thus, unifying the design is a powerful cost-cutting measure for the department as well.

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New day dawning for DHHS website cont. from page 1



This design is intended to be:

1. Easy to use: The people we serve will be able to find our programs and services. The site tests extremely well with this audience.
2. Highly accessible for people with disabilities: Some accessibility features are scalable fonts, tabbed browsing, and high-contrast colors. The site tests well with a number of assistive technologies, such as screen readers for people who are blind.
3. Easy to incorporate: Webmasters across the department will receive Dreamweaver templates.
4. Learnable. Similar information will be treated in a similar fashion. Web writers will receive training in writing and style guides so that we can give the public a predictable website, not one that changes with each office or division.
5. Customizable: Each program or service, and each division, is encouraged to use a “signature image” that encapsulates their message and, if applicable, logo.
6. Adaptable: Unique templates can be created when a new page type is needed. For instance, specialized pages such as articles for Medicaid bulletins may require a separate template.
7. Smart when it comes to printing: Printing any page provides only the content of the page. The header, footer, and side navigation are omitted.

I want to extend my enthusiastic support to incorporating the new design in all of our divisions and offices. With a few exceptions for “branded” websites, the public should encounter a single predictable web interface on all DHHS websites. I realize this is no small task: it will take some years to accomplish this goal.

The June unveiling will be a “soft launch.” A link will appear on our home page to allow the public and DHHS employees a chance to look over the new site. Feedback will be encouraged, and problems ironed out. The redesign will then replace our current design later in the summer.

Initially the redesign will encompass only the departmental site. After it is fully operational and the kinks are worked out, templates will be developed to enable division and office webmasters to use the new design. This fall, I will go to division directors for volunteers on which divisions and offices will migrate to the new design first. ■

N.C. Medicaid grant to divert patients from emergency rooms

The Division of Medical Assistance has received a federal grant of more than \$2 million to direct Medicaid patients into doctors' offices and out of expensive hospital emergency rooms when non-emergency medical treatment is needed.

The two-year, \$2.26-million grant comes from the Centers for Medicare and Medicaid Services as part of the federal agency's Medicaid Emergency Room Diversion Grants. CMS awarded a total of \$50 million in grants to 20 state Medicaid agencies nationwide.

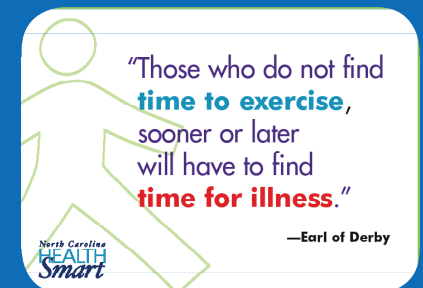
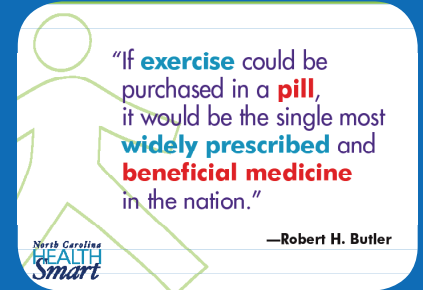
"The emergency department is not the best setting for primary care. They're set up primarily for trauma, not a sniffle," said Jeffrey Simms, DMA assistant director and deputy director of the Office of Rural Health and Community Care.

Besides the cost difference between emergency room treatment and a primary care office visit, savings can result from treating medical conditions early, before complications set in. Regular office visits can also keep patients healthier overall, saving money in the long run.

The problem, Simms said, is that many Medicaid recipients have never had a medical "home." Since 2003, DMA has provided medical homes through Community Care, an innovative system of 14 medical networks operating across the state. Like a private insurance plan, Community Care enrolls medical providers and Medicaid patients into one of the geographic networks. More than 790,000 Medicaid recipients in North Carolina, or about 47 percent of the total, are currently enrolled.

DMA's plan for the grant funds, Simms said, is twofold. First, the state and the networks will identify Medicaid providers with high rates of emergency room usage and determine why its patients are turning to the ER. If the answer is inconvenient hours for working Medicaid recipients, for example, then the grant funds could underwrite extended hours or special clinics.

Simms hopes the savings to North Carolina Medicaid are substantial. Emergency room treatment accounts for about 2.5 percent of all DMA paid claims – or just over \$209 million in the last fiscal year. ■



New Detox Unit set to open in August at Julian F. Keith ADATC: Center hiring staff

The Julian F. Keith Alcohol and Drug Abuse Treatment Center in Black Mountain will open its new 30-bed Detox Unit in August, according to director Doug Baker.

The facility, which will be housed in a new 15,448-square-foot, one-story, three-wing structure, will be a self-contained unit housing admissions, nursing, nutritional and patient common areas. Two wings will be used for patient rooms and treatment, and the remaining wing is for administrative and support use. Plans are under way to identify and hire new staff for the unit.

“The new Detox Unit will be able to provide care for 30 patients receiving acute detox and crisis stabilization care,” Baker said. “After an initial period of care of approximately four to six days, patients will be offered the opportunity to transition into the existing rehabilitation program to continue their treatment. We anticipate that over half the patients served in the new unit will continue on in the rehabilitation program.”

Baker believes this change will enable individuals with substance abuse problems to be served much earlier in their addiction and lower the rate of recidivism among those served. To meet the staffing needs, 67 new positions will be added at JFK. The positions include registered nurses and health care technicians, substance abuse counselors, therapeutic activity workers, a substance abuse educator, clinical social workers, maintenance mechanics and housekeeping staff, as well as administrative support positions.

Positions are posted on both the North Carolina State Jobs website – www.osp.state.nc.us/jobs – and the JFK Alcohol and Drug Abuse Treatment Center website – www.jfkadadc.net (click on the “Careers” tab). Positions will be posted until filled.

In addition, JFK plans to hold two job fairs in June in the Activities Building on the ADATC campus, located at 201 Tabernacle Road, Black Mountain. The fairs will be held on Thursday, June 5, from 1 to 8 p.m. and on Saturday, June 14, from 10 a.m. to 3 p.m.

For more information of employment opportunities or the upcoming job fair, contact the Human Resources office at JFK ADATC at 828-669-3422. ■

THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



The Road to Cultural Competency

North Carolina is becoming more diverse. We all have witnessed how our state is increasingly becoming home for individuals from all over the world. For this reason, the North Carolina Department of Health and Human Services has a challenge ahead to successfully serve its growing and changing population.

In the last issue, I mentioned that cultural competency means to be more aware of our own and others' cultural beliefs and practices and to be more responsive to the needs of those whom we work with and serve. Cultural competency is gaining ground in many areas as a key factor that significantly impacts the health care disparity gap and the provision of social services.

Having the capability to really connect with each and all of our different populations, effectively address their health care and social needs, and promote culturally appropriate behavior change are essential aspects of generating positive health and social outcomes. And in order to become more culturally competent as a department, our divisions, branches and programs need to incorporate appropriate cultural competency practices. Here are some ideas:

- At all levels, hire culturally competent personnel who represent the populations you serve.

- Collect and analyze demographic and statistical information on diverse populations to use for planning and for making appropriate policy decisions. Collecting data only for "white," "black" and "other" is no longer a functional approach.

- Identify target population needs. Know your population's health practices, beliefs and behaviors.

- Provide culturally specific programs and services. One size does not fit all.

- Obtain input from professionals and people from diverse cultures when formulating programs or campaigns.

- Test your program and materials with the intended populations.

- Make appropriate referrals to culturally-specific organizations.

- Have the capability to serve or support individuals in their own language. The department recently entered into a contract with Telelanguage, Inc., a telephone-based interpreter service for communicating with customers of limited English proficiency in more than 150 languages. To find out how your program can benefit from this service, please contact

Terry Hodges at Terry.Hodges@ncmail.net or at (919) 733-9190.

- Provide client education materials that are culturally appropriate. Straight translations frequently don't work. Translations need to be adapted to address the health beliefs, cultural practices and social norms of the target group. Materials need to be written at a suitable reading level. Most health and social services literacy professionals suggest developing English materials for the general populations at the fifth-grade reading level, and at the second-grade reading level for Spanish speakers.

Developing culturally competent programs, campaigns and materials, and providing culturally appropriate services are ongoing processes. However, increasing our understanding of how our diverse populations perceive illness and interact with health care and social services providers, as well as understanding their social structure and values, will help us to move more effectively toward improving health and social outcomes. Please feel free to send me your tips on how we in DHHS can improve cultural competency; email me at Gloria.Sanchez@ncmail.net. ■

DHHS students win awards



ENCSD students (left to right) Amy Runyon; first-place winner Ebony Gooden; second-place winner Quisuana Carter; and Arlena Swain.

Two take top honors in communication contest

The North Carolina Eastern District of Optimist International held its Communication Contest for the Deaf and Hard of Hearing on May 1 at the Eastern N.C. School for the Deaf in Wilson (ENCSD).

The theme of the oratory was “Why Me? Why Not?”

Four students from ENCSD participated: Amy Runyon from Bailey; Ebony Gooden from Fayetteville; Quisuana Carter from Clayton; and Arlena Swain from Plymouth.

Gooden, a ninth-grader, won first place and was awarded a plaque and a \$1,500 scholarship. Carter placed second in the competition. Their teachers at ENCSD are Tina Vaughan and Sandy Scott.

The Optimist Club, whose motto is “Friend of Youth,” is the fourth largest international civic club in the world and has approximately 115,000 members from more than 20 countries.



Jordan Lynch

Governor Morehead Student Qualifies to Participate in National Braille Challenge

Jordan Lynch, a senior at Governor Morehead School for the Blind (GMS) in Raleigh, qualified to participate in the Braille Challenge at the Braille Institute in Los Angeles on June 27 and 28. Jordan, the salutatorian of this year’s graduating class, is from Ararat in Surry County.

Jordan has been a student at GMS since he started middle school. The need to have instruction in Braille and Nemeth Code, the tactile version of Braille for mathematics, led Jordan to GMS. Whether he is singing or participating in class, Jordan has a talent for making others smile. He has been in several musicals at GMS and is a natural leader on campus. He enjoys working with others, helping new students get familiar with the GMS campus, and giving tours of campus to visitors. Jordan plans to begin his higher education at Surry County Community College in the fall and hopes to transfer to Appalachian State University.

Four hundred sixty students from across the United States and Canada competed for a spot in the Braille Challenge this year. Only 60 of those students will travel to Los Angeles for the competition at the Braille Institute. Freedom Scientific is donating a PAC Mate BX420, valued at \$3800, for each of the top five winners of the Braille Challenge. The PAC Mate is a personal digital assistant that makes the benefits of a mainstream pocket personal computer available to blind and low-vision users.



Daria Bannerman

GMS valedictorian recognized by Raleigh Lions

Daria Bannerman, a senior at the Governor Morehead School for the Blind (GMS) in Raleigh, was honored on April 28 by the Raleigh Host Lions Club. Bannerman, a student at GMS for the past 12 years, was recognized for her outstanding academic performance and her community service. The Club awarded her a plaque and a \$300 check. In addition, GMS received a check for \$100, recognizing the commitment of the staff to Bannerman’s success.

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DHHS students win awards cont. from page 6

Bannerman is the 2008 GMS Valedictorian and a North Carolina Academic Scholar, one of only a small percentage of North Carolina students achieving both distinctions. She participates in many activities at GMS, including theatrical and musical productions and Student Council; she also edited the school's first technology newsletter. A writer at heart, Bannerman has been able to share her writing with other students, staff, parents and GMS supporters through the school's Literary Coffeehouse and has participated in many writing contests during her years at GMS.

Bannerman plans to attend UNC-Pembroke in the fall and major in journalism. She is a native of Maple Hill in Pender County. ■

DPH a partner in new national program to teach smokers how to become an "EX"



Tobacco Prevention and Control Branch

The Division of Public Health's Tobacco Prevention and Control Branch is participating in an unprecedented new national public health campaign that is teaching tobacco users a new way to quit.

"Tobacco use is the leading preventable cause of death in North Carolina, contributing to one in every five deaths," said State Health Director Leah Devlin. "And, for every death, another 20 North Carolinians are sick from tobacco use. It is also important to note that the preventable health care costs due to tobacco use in North Carolina are enormous – \$2.46 billion each year."

Most smokers in North Carolina want to quit, but it's difficult – more than half who tried to quit in 2006 were unsuccessful. Quitting smoking is the single most important lifestyle changes tobacco users can make to improve and extend their lives. Tobacco-related disease is the leading cause of preventable death in the U.S. and in North Carolina. Smokers need to be armed with all the available information to make the best, most informed choices about the smoking cessation medications and resources available to them.

Nationally, EX will educate smokers through advertisements on television, radio, in movie theaters and online and via community-based promotions. The program also offers smokers a new Web site, www.BecomeAnEX.org, which features action-oriented tools and information to help smokers prepare for quitting by developing a personalized plan, as well as a virtual community where smokers can share stories and best practices about their quit attempt. And, it gives them an opportunity to practice breaking the "glue" between cigarettes and the "triggers" that prompt them to continue smoking.

DPH will also promote its free, confidential Quitline, for those who seek telephone support to help quit. The N.C. Tobacco Use Quitline, 1-800-QUIT-NOW (784-8669), is available daily, 8 a.m. until midnight, in English, Spanish and many other languages. The Quitline can double a tobacco user's chances of quitting for good. Learn more about the Quitline at www.tobaccopreventionandcontrol.ncdhhs.gov. ■

Epidemiology and Evaluation Poster Day

The Epidemiology and Evaluation Team held its seventh annual Poster Day session on May 9 at the Six Forks Campus of the Division of Public Health. More than 150 people participated in the event.

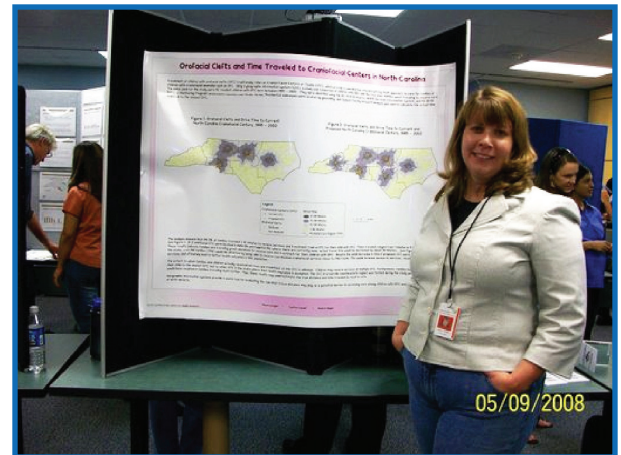
Eighteen informative and creative posters – really condensed reports and graphs in a poster format – were displayed from a wide array of disciplines. Topics included “Examining Correlates of Breastfeeding with Childhood Obesity Rate in North Carolina using GIS,” “Epidemiology of Asthma among Women in N.C.,” “Heart Failure in N.C.,” “N.C. Hazardous Substance Emergency Events Surveillance,” and “Impact of Tobacco-Free School Policies on Current Tobacco Use in N.C.”

Dr. Marcus Plescia, Chronic Disease and Injury section chief, gave welcoming remarks and cited the Epidemiology and Evaluation Team, or EET, as a great example of Division of Public Health staff members working together across programs.

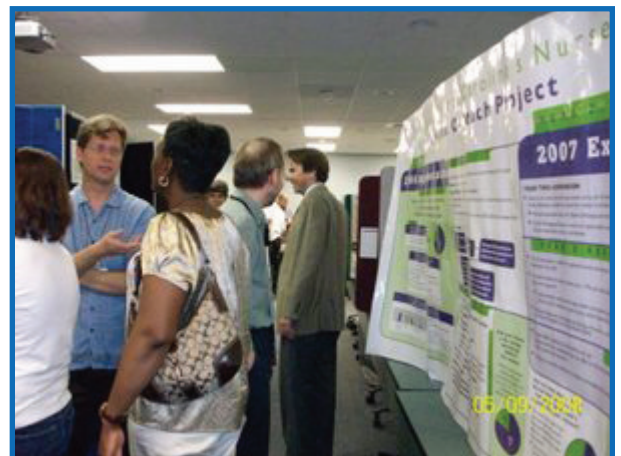
The EET, which began meeting in 2001, originally included epidemiology and evaluation staff from the Chronic Disease and Health Promotion programs, but has grown over the years and now includes 40 members from several sections – Chronic Disease and Injury, Women’s and Children’s Health, Epidemiology, and the State Center for Health Statistics. Anyone who has job responsibilities or a strong interest in epidemiology or evaluation is welcome to join the team.

The team’s monthly meetings provide a forum for staff to share works in progress across sections in a friendly, respectful atmosphere and to obtain constructive feedback and assistance with project challenges. Team members are able to increase their knowledge of epidemiology and evaluation efforts in sections outside their own and become part of a network of persons with various areas of expertise. They have started work on a Data Sources Inventory which will contain a description of available N.C. public health data, links to the data sets and reports when accessible, the dates of the most recent data available, the geographic level of the analysis, and contact information for the office that stewards the data set and/or distributes the report.

The EET also organizes a “Poster of the Month,” which allows members to showcase their work by displaying a wall poster on the ground floor of the 5505 Six Forks Road building. Related continuing education announcements are also shared through this forum so that members can take the opportunity to enhance their skills and expertise.

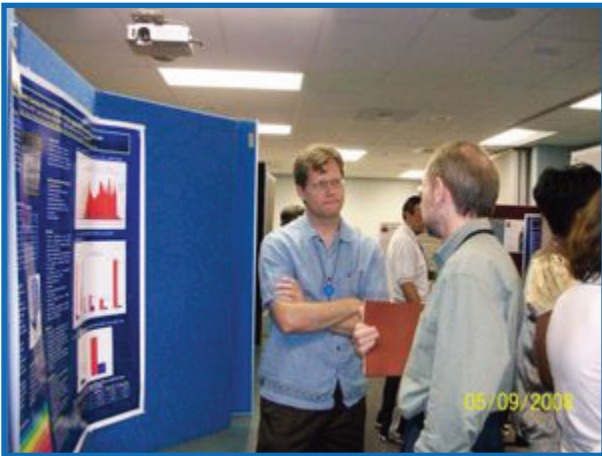


Dianne Enright, Health & Spatial Analysis Unit manager in the State Center for Health Statistics, displays her poster entitled Orofacial Clefts and Time Traveled to Craniofacial Centers in N.C.



Dr. Marcus Plescia (far right), Chronic Disease and Injury section chief in the Division of Public Health, takes a look at the poster displays prior to offering his welcoming remarks to the group.

Epidemiology and Evaluation Poster Day cont. from page 8



EET member Scott Proescholdbell (left) discusses his research with Dr. Jean-Marie Maillard (holding book) of the Epidemiology Section.

The leadership for this team comes from the team members. Sara Huston and Sarah McCracken Cobb serve as the current co-coordinators, but it is up to members to volunteer to make presentations, suggest topics or activities for the monthly meetings, and give constructive feedback to the presenters. The EET meetings are held from 10:00 to 11:30 a.m. on the fourth Monday of each month on the Six Forks Campus. A new list serve for the use of EET members has been introduced this year. If you are interested in joining the team, you may click on the web link <http://lists.ncmail.net/mailman/listinfo/dph.epievalteam> or contact Sarah McCracken Cobb via email (sarah.mccracken@ncmail.net) or phone (919.707.5515). ■

State Lab director Wolf receives national leadership award

Dr. Leslie Wolf, director of the North Carolina State Laboratory of Public Health (NCSLPH) in the Division of Public Health, was presented the Association of Public Health Laboratories (APHL) Emerging Leader Award in May.

The award honors an individual whose leadership has been instrumental in one or more advances in laboratory science, practice, management, policy or education within his or her first five to 10 years in the profession.

Wolf's career in public health began as a 1997 Emerging Infectious Diseases Laboratory APHL/CDC Fellow at the North Carolina state public health lab. After her fellowship, the lab hired her, and she quickly advanced in her career. She was appointed as Laboratory Director in 2006. Since then, she has led the NCSLPH through many transitions



Dr. Leslie Wolf

such as implementing a new laboratory management system and the building of a new facility.

"Dr. Leslie Wolf has had a distinguished career, researching and implementing cutting edge technologies to protect the public's health," said APHL president, Dr. Frances Downes, in presenting the award.

"Wolf serves as a mentor for many laboratorians and is a dedicated advocate for the field of public health. Dr. Wolf has proven to be an effective leader, using her technical, managerial and interpersonal skills to serve her staff and the field of public health with distinction," she said.

Downes cited several of Wolf's achievements, which include being recognized as a 2002 PulseStar Award recipient for her work with pulsed field gel electrophoresis DNA fingerprinting; leading the work in North Carolina to detect HIV RNA in pooled serum, a new technique that has been essential in preventing many HIV infections; and leading the Clinical Laboratory Improvement Amendments (CLIA) multi-site certificate focus group to produce 17 recommendations for improvement. ■

N.C. Division of Public Health Awarded Recognition by American Diabetes Association

North Carolina is the first state health department to create a Diabetes Education Recognition program that allows participating local health departments to bill for diabetes self-management services. The American Diabetes Association (ADA) granted the N.C. Division of Public Health this status as part of an overall strategy to reduce the burden of diabetes.

“This is an important milestone that will enhance the ability of North Carolina’s local health departments to deliver quality diabetes education,” said Dr. Marcus Plescia, Chronic Disease and Injury Section chief. “There is a great need for education services – recent data show that the number of people with diabetes increased by 102 percent in the last decade, and now more than 9 percent of North Carolinians have diabetes.”

According to the ADA, “an integral component of diabetes care is self-management education delivered by an interdisciplinary team.” Diabetes self-management education teaches people with diabetes about the importance of managing their diabetes with medications, diet, exercise and managing stress. Today, self-management education is such a critical part of diabetes care that medical treatment of diabetes without self-management education is considered inadequate.

A 2006 report from the State Center for Health Statistics – also in the N.C. Division of Public Health – shows that 46 percent of adults with diabetes have never taken a class on how to manage their diabetes. In addition, in a 2005 survey of all 85 local health departments in North Carolina, only 58 percent of local health departments reported they had the capacity to provide health education services for people with diabetes.

To address this issue, the Division of Public Health applied to the ADA to become an “umbrella-recognized” program to provide diabetes self-management education. DPH collaborated with local health departments across the state to bring them on as multi-sites under this umbrella recognition. The purpose is to increase access in all areas of the state for people with diabetes to get needed self-management training, while providing reimbursement to local health departments. ADA-recognized programs may bill Medicaid, Medicare and private insurers for the self-management training. The additional reimbursement will build capacity at the local level for providing diabetes self-management education for the uninsured and underinsured.

In year one, DPH piloted the project with five local health departments: Brunswick, Clay, Robeson, Rockingham and Wake/Project DIRECT. In future years, DPH will include additional local health departments using the same model.

Brunswick County health director Don Yousey developed the program model. Upon learning of the program’s recognition, Yousey said, “this recognition will allow those with fewer resources to receive the same quality of care as those with unlimited resources, and it also gives us a tool to improve the quality of life for people with diabetes in our state.”

For more information about diabetes and the Diabetes Education Recognition Program, please visit www.ncdiabetes.org. ■



Supportive housing for homeless demonstrates long-term savings

The North Carolina Interagency Council for Coordinating Homeless Programs (ICCHP) sponsored a Leadership Summit in May at Marbles Kids Museum in Raleigh.

Coordinated by the N.C. Coalition to End Homelessness, the summit was a gathering of leadership involved in developing and implementing 10-year plans to end chronic homelessness in 10 North Carolina communities. Each of these communities has been involved in identifying best practices for ending chronic homelessness among homeless people with disabilities, as well as reducing homelessness in general.

Research has consistently shown that permanent supportive housing is cost-effective and has superior program outcomes when compared to traditional homeless services. Participants in the summit explored how they would implement several best practices in their communities, including permanent supportive housing, improved access to benefits, and targeted substance abuse treatment strategies.

U.S. Sen. Richard Burr and state Rep. Deborah Ross spoke at the forum. They and other speakers referenced a recent study funded by the ICCHP and conducted by the Jordan Institute at UNC-Chapel Hill School of Social Work.

The study compared pre- and post-housing costs for 21 people who had been homeless and moved into Lennox Chase, a supportive housing complex in Raleigh. The results documented a 30 percent decrease in costs, saving the community more than \$111,000 over the two years that the 21 residents were in permanent supportive housing.

Burr discussed how powerful this type of cost benefit data can be when presented to congressional delegates as they determine budget priorities at the federal level. Ross outlined several state initiatives that can be used to support projects such as Lennox Chase.

The ICCHP is a governor-appointed council that coordinates the state's efforts to end chronic homelessness and reduce all homelessness. The ICCHP is chaired by Linda Povlich, senior advisor to the secretary of DHHS. ■



U.S. Sen. Richard Burr



Rep. Deborah Ross

DHHS WELLNESS INITIATIVE

Adult fitness test launched by President's Council

**Suzanna Young,
DHHS Wellness Director**

Do you remember taking a national fitness test when you were in school? Now there's a chance for you to take a fitness test as an adult. On May 14, the President's Council on Physical Fitness and Sports released the new Adult Fitness Test, part of the Council's effort to inspire and motivate Americans to be more physically active. The fitness test is intended for people 18 and older who are in good health.

The fitness test has four parts:

- **The aerobic part of the test is a timed one-mile walk or 1.5-mile run. The run is not recommended for anyone who does not already run for at least 20 minutes, three times a week.**
- **Push-ups and half sit-ups test strength. The push-ups are done until a person can't do any more; they are modified for men and women. The sit-ups are done for one minute.**
- **A simple stretching exercise measures flexibility.**
- **The last part of the test asks information on height, weight, age and sex.**



Detailed instructions on how to complete each of the tests are provided at www.adultfitness.test.org. This website also provides information on how to enter your fitness results on-line. Entering information on-line enables you to receive feedback on your fitness level and also helps our state increase the number of participants taking the test. States are ranked based on the number of participants taking the test. Right now, North Carolina ranks 40th among states. Your participation can help improve our state ranking. Information on each state's ranking is available at www.presidentschallenge.org/national_challenge/results.aspx.

Why Take a Fitness Test?

A fitness test helps us determine if we need to increase our level of physical activity and can help identify whether we need to improve our flexibility, strength, and/or endurance. One of the things many people may like about the council's fitness test is that it can be completed alone. (I know I would prefer that no one else know how many sit-ups I can complete!)

National Fitness Resources

The President's Council's on Physical Fitness and Sports website at www.fitness.gov provides information about the council and resources from other government agencies and health and fitness organizations to help individuals become more active.

The council also sponsors the President's Challenge at www.presidentschallenge.org. This website helps you start an individual physical activity program today and stay active and fit for life while earning presidential awards. There is an on-line activity log to keep track of all your exercise and earn points toward recognition award certificates. ■

Entering your time into the BEACON payroll system

Welcome State of North Carolina Employees

For human resources, payroll or BEACON system assistance, call 919-707-0707 in the Raleigh area, or 1-866-NCBEST4U (866-622-3784) statewide, from 7 a.m. to 7 p.m., Monday through Friday.

For NCID assistance, contact your agency NCID administrator, or to reset your NCID password visit, <https://ncid.nc.gov>.

[BEACON System Status](#) | [Security Statement](#)

On April 1, DHHS went live with the new BEACON HR/Payroll system. Employees will be able to access a wealth of personal information at the click of a key. For some DHHS employees, entering your work time is now an option through BEACON's Employee Self Service (ESS). If you will be entering your working time and leave requests through ESS, here are some helpful hints.

Time Entry Groupings

All employees impacted by the BEACON system may be categorized into one of three time entry groupings:

- **Positive time / Actual pay:** This means the employee must record all hours, including hours worked and leave. Failure to record time will result in the employee not being paid. Employees may enter time via Employee Self Service (ESS), a paper timesheet, or an agency-specific time interface. Note: This method of time capture applies to all temporary employees, regardless of what agency that employee works for. It is important to be aware that all temporary employees must enter time in order to receive payment. All temporary employees will be paid on a bi-weekly basis and will receive pay two weeks (one pay cycle) after each timesheet has been submitted and approved following the end of the pay cycle.

- **Positive time / Exception pay:** This means the employee must enter all of his or her time worked, as well as any absence or leave time used. The employee will continue to receive pay normally unless exceptions are entered into the system. Employees may record their time and absences using ESS, a paper timesheet, or an agency-specific time interface.

- **Negative time:** An employee must only record variations from her or his normal schedule, such as leave taken.

Please see your manager or HR representative to be sure that you are to use ESS for time entry and that you know your grouping for entering time.

Beacon cont. from page 13**Weekly Time Entry**

All employees are strongly encouraged to enter time on a weekly basis. This is recommended even if you have a monthly pay period or your agency does not require weekly time entry. There are a number of benefits that will work in your favor if you enter your time weekly:

- You will receive premium pay sooner.
- You will accrue leave on a more accurate and timely basis.
- Your time statements and quota overviews will be up-to-date instead of reflecting an old balance because your time hasn't been updated.

Please see your manager or HR representative to be sure you know your agency's policy on how often you should enter your time.

Minutes/Decimals Conversion for Time Entry

In the new BEACON system, you will need to record your time in decimals rather than hours and minutes. So, one hour and 30 minutes would be entered as 1.5 (one and a half) hours; two hours and 45 minutes would be entered as 2.75 hours. The chart to the right will help you convert your hours and minutes into decimal format.

Minutes	Decimals	Minutes	Decimals	Minutes	Decimals	Minutes	Decimals
1	.02	16	.27	31	.52	46	.77
2	.03	17	.28	32	.53	47	.78
3	.05	18	.30	33	.55	48	.80
4	.07	19	.32	34	.57	49	.82
5	.08	20	.33	35	.58	50	.83
6	.10	21	.35	36	.60	51	.85
7	.12	22	.37	37	.62	52	.87
8	.13	23	.38	38	.63	53	.88
9	.15	24	.40	39	.65	54	.90
10	.17	25	.42	40	.67	55	.92
11	.18	26	.43	41	.68	56	.93
12	.20	27	.45	42	.70	57	.95
13	.22	28	.47	43	.72	58	.97
14	.23	29	.48	44	.73	59	.98
15	.25	30	.50	45	.75	60	1

For Assistance

- Contact your local Human Resources department.
- Visit BEACON's online help module <http://help.mybeacon.nc.gov/beaconhelp/>.
- Contact the BEST Shared Service Center:
 Phone: 919-707-0707
 1-866-NCBEST4U (outside Raleigh)
 Fax: 919-855-6861
 Email: best@ncosc.net ■

Adoption Profile

Introducing Josh

Josh is a likable and charming boy with a terrific sense of humor and a contagious smile. He is handsome, likable, and charming. Josh loves basketball and football and hopes to play on his high school team. An excellent chess player and artist, Josh attends church regularly and enjoys attending the summer camp.

Josh attends mainstream classes at school after showing that he is capable of doing grade-level work and keeping his conduct under control. He was able to take two college level classes during the summer and showed that, with motivation, he is capable of earning much better grades. Through counseling Josh is working on food management and dealing with issues that led him to foster care. He has done much better in developing relationships with peers and using appropriate methods of expressing himself.



Josh, b. Dec. 29, 1991

A Family for Josh

Josh's criteria for an adoptive family are simple; they must be nice. He also says he wants a mother who will teach him to cook and a father who will take him fishing. They will need to be actively involved in his ongoing educational process. Josh would like to be the youngest or only child, as he thrives on individual attention. He says he would love it if they let him have a dog.

For more information on this child or adoption and foster care in general, call NC Kids Adoption and Foster Care Network toll free at 1-877-NCKIDS-1 (1-877-625-4371). ■